

**CRITERIA FOR PRIOR AUTHORIZATION**

Incretin mimetic agents

**PROVIDER GROUP:** Pharmacy**MANUAL GUIDELINES:** The following drug(s) require prior authorization:  
Albiglutide (Tanzeum®)**CRITERIA for Tanzeum:** (must meet all of the following)

- Patient must be at least 18 years old.
- Patient must have a diagnosis of Type 2 Diabetes.
  - Diagnosis of Type 2 Diabetes must be documented by HbA1c > 6.5%
- Patient must have HbA1c between 6.5% - 9.0%
- Patient must have history of another diabetic agent in the previous 30 days (see table for examples of drug classes).
- Patient must not have history or family history of medullary thyroid carcinoma in the past 2 years.
- Patient must not have history of multiple endocrine neoplasia syndrome type 2 in the past 2 years.

**RENEWAL CRITERIA:**

- Documented improvement of HbA1c from pretreatment levels
- Achievement or maintenance of therapeutic goals (HbA1c  $\leq$  6.5%)

**LENGTH OF APPROVAL:** 6 months

Examples of Diabetic Drug Classes
Biguanides
Sulfonylureas
Meglitinides
Thiazolidinediones
DDP-4 Inhibitors
Alpha-Glucosidase Inhibitors